



Fitness Center

MEMBERSHIP APPLICATION FORM

PLEASE PRINT LEGIBLY & COMPLETE ALL INFO:

NAME OF PRIMARY ACCOUNT HOLDER (Self, Spouse, Parent, etc.) _____

YOUR NAME: _____ DOB: _____ N#/P# _____

CIRCLE ONE: M F MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED

MEMBER TYPE (CIRCLE ALL THAT APPLY): STUDENT FACULTY/STAFF FAMILY COMMUNITY OTHER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # (____) _____ EMAIL _____

Emergency Contact: _____ Phone: (____) _____

MEMBERSHIP PRICES DO NOT INCLUDE 9.5% SALES TAX, WHICH WILL BE ADDED TO YOUR BILL. PLEASE CHECK ONE OF THE FOLLOWING CHOICES:

- _____ CURRENTLY ENROLLED STUDENT (SINGLE) No Fee
_____ CURRENTLY ENROLLED STUDENT FAMILY** \$12.50/MO
_____ FULL-TIME FACULTY/STAFF (SINGLE) No Fee
_____ FACULTY/STAFF FAMILY** \$25/MO
_____ COMMUNITY SINGLE \$30/MO
_____ COMMUNITY FAMILY** \$40/MO
_____ COMMUNITY SENIOR (over 65) \$20/MO
_____ COMMUNITY SENIOR FAMILY** (over 65) \$30/MO

Table with 4 columns: FAMILY MEMBERS (for family memberships only)** DOB RELATIONSHIP ADDRESS

MEMBERSHIP AGREEMENT (Please read carefully)

**Family memberships include legally married couples, and children under 21 still living at home of the primary account holder. Senior Family memberships include legally married couples. Proof of cohabitation may be required before family membership is granted and does not apply to applicants that are NOT married OR parents/extended family of students.

Memberships are month to month and are payable a minimum of 30 days in advance by cash/check/CC to the fitness center front desk. Memberships may be paid 1-12 months in advance, however all sales are final. No refunds will be issued for unused memberships.

COMMUNITY MEMBERS ONLY: TO AUTHORIZE AUTOMATIC MONTHLY CREDIT CARD DRAFTS PLEASE CHECK THE BOX BELOW:

[] By checking this box, I authorize a monthly draft of my membership fee to charge to my credit card on file. I understand I will be liable for all monthly charges until I notify the fitness center in writing of my desire to cancel. I understand that I must give 10 days' written notice before my next billing cycle for the membership to cancel by the next billing cycle. SIGNATURE _____ DATE _____

Staff use only; please CHECK, INITIAL/DATE when complete: RECEIVED BY _____ NOT FOUND [] INCOMPLETE [] PUT ON SPREADSHEET _____ UPDATED IN CSI _____ SCANNED _____ UPLOADED _____

PAR-Q & YOU

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition & that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lost consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS: Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. 1. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. 2. Find out which community programs are safe and helpful for you.

IF YOU ANSWERED NO TO ALL QUESTIONS: If you answered no honestly to all PAR-Q questions, you can be reasonably sure that you can: 1. Start becoming much more physical active – begin slowly and build up gradually. This is the safest and easiest way to go. 2. Take part in a fitness appraisal – this in an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if you condition changes so that you would answer YES to any of the seven questions.

LIABILITY WAIVER

PLEASE PRINT LEGIBLY:

- I. I, _____ hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS** for any and all purposes Northeastern State University, the Board of Regents for Northeastern State University, specifically RUSO (Regional University Systems of Oklahoma Colleges), and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from any and all liabilities, claims, demands, or injury, including death that may be sustained by me while participating in any/all activities of the NSU Fitness Center and/or the NSU Intramurals program. (hereinafter referred to as ACTIVITY), or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES. I know of no medical reason why I should not participate in ACTIVITY.
- II. I am fully aware that there are inherent risks involved with ACTIVITY, involving many risks of injury which may include but not limited to my general health and well-being. I understand these dangers and risks may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and enjoy life. I choose to voluntarily participate in said activity with full knowledge said activity may be hazardous to me and my property. I voluntarily assume responsibility assume for any risks of loss, property damage, personal injury, including death, that may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney’s fees that may occur as a result of my participation in said activity.
- III. NSU has disclosed any and all known inherently dangerous conditions, and I am fully aware of the dangerous risks associated and voluntarily choose to participate in ACTIVITY.
- IV. It is my express intent that this Waiver and Hold Harmless Form shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Oklahoma.
- V. I understand this Waiver is intended to be as broad and inclusive as permitted by the laws of Oklahoma and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the laws of Oklahoma shall govern this waiver.
- VI. I affirm I am voluntarily signing this agreement. I have read and fully understand this form by signing it; I have had an opportunity to consider its meaning, and I understand the document and sign it voluntarily as my own free act. I am at least 18 years of age and fully competent. I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Northeastern State University or any of the parties listed above. This release remains valid until revoked by me in writing.

PRINT NAME	SIGNATURE	DATE
------------	-----------	------

RULES & REGULATIONS

The following regulations have been established to ensure the safety of each person while using the RiverHawk Wellness Center “The FIT”. Your cooperation regarding the following rules is expected and appreciated. Anyone who does not abide by the above stated rules will be asked to leave and the membership is subject to cancellation.

1. Children must be 13 years of age or over to be anywhere on the fitness floors or to use weight equipment or cardio machines. *CHILDREN AGES 13-15 MUST BE ACCOMPANIED AND SUPERVISED BY A PARENT OR GUARDIAN AT ALL TIMES WHEN USING THE FACILITY/EQUIPMENT. Children under the age of 13 are only allowed in the swimming areas and Basketball gymnasium during Family swim/open gym times and must be accompanied by a parent/guardian/teacher/coach on deck. Adults bringing children that they do not possess guardianship of must have written permission from a parent/guardian along with a completed liability form for membership/guest pass.
2. Fitness center members must wear clean and appropriate footwear (tennis, running, gym, athletic shoes). Open toed shoes (sandals, flip-flop, etc.) are not allowed. Please bring a pair of non-marking athletic shoes with you if you plan to use the basketball gymnasium.
3. Fitness center members must wear appropriate clothing (shorts, t-shirts, warm-up suits, athletic apparel, etc.) Denim, or other garments that may have buttons that may catch/rip the upholstery on the machines are not allowed. Must wear clothing that covers the midriff, chest, and mid thighs. A swimsuit is required in the pool (a cover up may be worn over swimsuits).
4. Please return all weights, plates, medicine balls, steps, mats and other equipment to their designated racks and storage areas after use.
5. Please return any rental equipment within the allotted time, otherwise you will be charged a late fee.
6. Please take care of our equipment. If you are found misusing or abusing any property on the NSU fitness center premises, you will be held responsible for repairs.
7. Please clean all equipment after use with the provided sanitizing wipes. Sanitizing wipes are provided for your safety and convenience.
8. Patrons are responsible for any personal items that are lost, stolen, or damaged at the NSU fitness center. Lockers may be rented by the day or by the month or you may use the provided racks to place your personal belongings. Please do not leave personal items in walkways or laying around the facility.
9. Foul and/or abusive language will not be tolerated, as this is family friendly facility. If you are heard using profanity, we reserve the right to ask you to leave.
10. Only capped or spill proof beverage containers are allowed on the fitness areas.

Additional Pool Rules:

11. Swimming is permitted only when a university lifeguard is on duty.
12. All swimmers must shower before entering the pool and use the restrooms.
13. No Running, Rough Play, Hanging on lane ropes, or back dives/flips from the edge of the pool.
14. NO DIVING in the shallow end. Diving is allowed only in the deep end of the pool.
15. Individuals having skin lesions, mouth, nose or ear discharges; or any communicable disease may not use the pool without written permission from a medical professional.
16. No Glass Containers

PLEASE PRINT LEGIBLY:

I _____ agree to abide by all rules and regulations established for the operation and maintenance of the NSU Fitness Center and Intramurals program. I understand that my membership may be revoked if I or any member of my family violates the rules or regulations.

Signature _____ Date _____